

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 24 11 36 AM '97

1. NAME OF COMMITTEE (in full) Professional Insurance Agents Political Action Committee		2. FEC IDENTIFICATION NUMBER C 0000 4994
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 400 North Washington Street		3. <input checked="" type="checkbox"/> This committee has qualified as a noncandidate committee. (See FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report Monthly Report Due On:  
 July 15 Quarterly Report  February 20  June 20  October 20  
 October 15 Quarterly Report  March 20  July 20  November 20  
 January 31 Year End Report  April 20  August 20  December 20  
 July 31 Mid Year Report (Non-election Year Only)  May 20  September 20  January 31

Termination Report  Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>06/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 5,035.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,838.15	
(c) Total Receipts (from line 10)	\$ 2,460.99	\$ 67,206.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,299.14	\$ 72,242.16
7. Total Disbursements (from Line 30)	\$ 18,742.13	\$ 68,685.15
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 3,557.01	\$ 3,557.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
Dean R. Sackett, III

Signature of Treasurer Dean R. Sackett III Date 7-18-97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM: 06/01/97	TO: 06/30/97
<b>I. Receipts</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
	Total This Period	Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	550.00	15,517.50
ii. Unitemized.....	1,855.00	51,370.00
iii. Total..... (add i and ii) >	2,405.00	66,887.50
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aiii, b and c) >	2,405.00	66,887.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	55.99	318.80
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,460.99	67,206.30
20. Total Federal Receipts..... (subtract line 18 from line 19) >	2,460.99	67,206.30
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	82.13	646.23
c. Total Operating Expenditures..... (Add a i, ii, and b) >	82.13	646.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18,660.00	68,038.92
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441s(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,742.13	68,685.15
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	18,742.13	68,685.15
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	2,405.00	66,887.50
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	2,405.00	66,887.50
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	82.13	646.23
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	82.13	646.23

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	OF
1	1
FOR LINE NUMBER	
11 a i	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and Zip Code <b>H Larry Hudson</b> <b>PO Box 5667</b> <b>Shreveport, LA 71135-5667</b>		Name of Employer <b>Hudson-Silver Insurance Agency</b>	Date (Month day, Year) <b>06/06/97</b>	Amount of Each Receipt this Period  <b>50.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Insurance Agency Owner/Principal</b>	Aggregate Year-to-date > \$ <b>575.00</b>	
B. Full Name, Mailing Address and Zip Code <b>Harper M Young</b> <b>PO Box 958</b> <b>Greenville, MS 38702-0958</b>		Name of Employer <b>Mississippi Ins Services Inc</b>	Date (Month day, Year) <b>06/06/97</b>	Amount of Each Receipt this Period  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Insurance Agent/Producer</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
C. Full Name, Mailing Address and Zip Code <b>John C Hawley</b> <b>PO Box 188</b> <b>Montrose, PA 18801-0188</b>		Name of Employer <b>Penn Weber Ins Assoc Inc</b>	Date (Month day, Year) <b>06/09/97</b>	Amount of Each Receipt this Period  <b>200.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Insurance Agent/Producer</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
D. Full Name, Mailing Address and Zip Code <b>Arthur I Moll</b> <b>River Bridge</b> <b>2509 Egret Lake Drive</b> <b>West Palm Beach, FL 33413</b>		Name of Employer <b>Arthur I Moll Inc</b>	Date (Month day, Year) <b>06/13/97</b>	Amount of Each Receipt this Period  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Insurance Agent/Producer</b>	Aggregate Year-to-date > \$ <b>1,000.00</b>	
E. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	<b>550.00</b>
TOTAL this Period (Last page this line number only).....>	<b>550.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Crestar Bank  Washington, DC	BANK CHARGES-JUNE '97 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/30/97	82.13
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 82.13

TOTAL this Period (Last page this line number only).....> 82.13

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 3  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bachus for Congress PO Box 59444 Birmingham, AL 35259	Spencer Bachus, U.S. HOUSE 6th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	500.00
Richard Baker for Congress Committee PO Box 1694 Baton Rouge, LA 70821	Richard H. Baker, U.S. HOUSE 6th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	7,000.00
Biley for Congress Committee PO Box 17095 Richmond, VA 23226	Thomas J. Biley, U.S. HOUSE 7th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	1,000.00
Friends of Rosa DeLauro 5501 Cherokee Ave #112 Alexandria, VA 22313	Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	500.00
Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
Gephardt in Congress Committee 530 7th St SE 2nd Fl Washington, DC 20003	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	1,000.00
Gephardt in Congress Committee 530 7th St SE 2nd Fl Washington, DC 20003	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	1,000.00
Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	1,000.00
Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 7,500.00

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE **2** OF **3**  
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rick Hill for Congress PO Box 1256L DR Helena, MT 59624	Rick Hill, MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/26/97	2,500.00
Team Emerson PO Box 822 Cape Girardeau, MO 63702	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
La Colline 400 N Capitol St, NW Washington, DC 20001	Fund-raiser for Congressman Tom Davis Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Year	06/09/97	160.00 (In-Kind)
Tom Davis for Congress PO Box 483 Dunn Loring, VA 22027	Fund-raiser for Congressman Tom Davis Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Year	06/09/97	160.00 (Memo In-Kind)
Friends of Bob Livingston 5163 General DeGaville Dr #210 New Orleans, LA 70131	Bob Livingston, U.S. HOUSE 1st LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	1,000.00
Friends of Jack Metcalf PO Box 70513 Washington, DC 20024	Jack Metcalf, U.S. HOUSE 2nd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	500.00
Bob Ney for Congress PO Box 490 St. Clairsville, OH 43950	Bob Ney, U.S. HOUSE 18th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	500.00
NRCC 320 First St SE Washington, DC 20003	NRCC golf tourney Mt. Vernon Country Club Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	1,500.00
NRCC 320 First St SE Washington, DC 20003	NRCC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/30/97	1,500.00
SUB TOTAL of Disbursements this page (Optional).....>			8,160.00
TOTAL this Period (Last page this line number only).....>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 3  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Oxley for Congress PO Box 1998 Findley, OH 45839	Michael G. Oxley, U.S. HOUSE 4th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	1,000.00
Bob Riley for Congress Committee PO Box 700 Ashland, AL 35261	Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	500.00
Skeen for Congress 2233 Wisconsin Ave NW #500 Washington, DC 20007	Joe Skeen, U.S. HOUSE 2nd NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/97	1,000.00
Friends of John Tanner 5501 Cherokee Ave #112 Alexandria, VA 22312	John Tanner, U.S. HOUSE 8th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/02/97	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > 3,000.00

TOTAL this Period (Last page this line number only)..... > 18,660.00

**Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>7-21-97</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>Seb</i> PREPARER	<i>7-24-97</i> DATE PREPARED